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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
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50						
Total Indep	10					
Total Depend	19					
Total Claims	29					

Indep	Depend	Indep	Depend	Indep	Depend
51					
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94					
95					
96					
97					
98					
99					
100					
Total Indep					
Total Depend					
Total Claims					

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